LIMA VOLUNTEER FIRE DEPARTMENT

Application for Membership

Name in Full (Last, First, Middle Initial	Today's Date				
Mailing Address	Home Address (if different)				
Date of birth (Month, Day Year)	Height	Weight	Hair	Eyes	Sex
Phone - Home	Phone - Cell				
Driver's License	Employer				
Marital Status	Social Security Number				
Past Fire Experience	Children				

Medical History - have you ever had or do have any of the following. Please read each item carefully before placing a check mark. For each "yes" checked describe condition under remarks

yes	no	Condition	yes	no	Condition
		Frequent or severe headaches			Nervous trouble of any sort
		Dizziness or fainting spells			Any drug or narcotic habit
		Unconscious for any reason			Excessive drinking habit
		Eye trouble			Attempted suicide
		Hay fever			Motion sickness requiring medication
		Asthma			Medical rejection from military
		Heart trouble			Medical discharge from military
		High blood pressure			Rejection for life insurance
		Low blood pressure			Admission to hospital
		Stomach trouble			Other illnesses
		Kidney stones/blood in urine			Medical treatment within the past 5 years
		Back trouble			

yes	no	(if yes please explain in remarks)
		Arson convictions
		Record of other conviction
		Record of traffic convictions

Remarks (use back if necessary):

Applicants signature _____

Sponsor _____

Sponsor _____